

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) <b>Brendon T Henry</b>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>141 Old Neck Road</b>		
(c) City, State, and ZIP Code <b>Center Moriches NY 11934</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>Democrat</b>	5. Office Sought <b>Congressional</b>	6. State & District of Candidate <b>NY District 1</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.


(a) Name of Committee (in full) <b>Friends of Brendon Henry</b>
(b) Address (number and street) <b>P.O Box 755</b>
(c) City, State, and ZIP Code <b>Center Moriches NY 11934</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate 	Date <b>7/20/17</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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## 5(g) or (h) Joint Fundraising Participant:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

FEC ID number

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FEC ID number

FEC ID number

FEC ID number

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Brian Tyman

Mailing Address

107 Potvink Ln

Westhampton Beach

NY

11978

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone Number

631-655-5441

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,  
Depository, etc.

Suffolk Federal Credit Union

Mailing Address

PO Box 9005

Medford

NY

11963

CITY ▲

STATE ▲

ZIP CODE ▲

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

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8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

2017-07-03 10:00:00

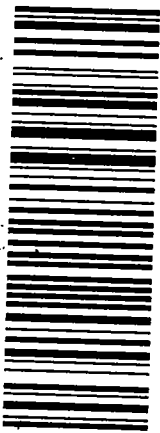
M:

Center Moriches, NY  
11934  
old rock road

11934

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS USED AT POST OFFICE

CERTIFIED MAIL



7015 1730 0000 0895 8657



1000



20483

U.S. POSTAGE  
PAID  
CENTER MORICHES, NY  
11934  
JUL 27 17  
AMOUNT  
**\$7.50**  
R2305K133861-14

TO:

Federal Election Commission


999 E Street, NW

Washington D.C

20463

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/27/17
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	7/31/17 DATE PREPARED

NO INFORMATION CONTAINED HEREIN IS UNCLASSIFIED